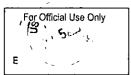
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2526 /	2. Fiscal Year Covered From
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. 4. Name, file number, and address of labor organization.	
Name Terrance L Pero	Name United Trarsportation Union
	Labor Organization File Number 000-314
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5926 Greenview Road Street 14600 Detroit Avenue	
City Lisle	City Cleveland
State Illinois ZIP Ccde + 4 60532	State Ohio ZIP Code + 4 44107
5. Position in labor organization. Local Chai:/President - Local	1421
J''.	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.a. Nature of Interest, Transaction, or Income. 7.a. Nature of Interest, Transaction, or Income. 7.a. Nature of Interest, Transaction, or Income. 7.a. Nature of Interest, Transaction, or Income.	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose emp oyees your organization represents or is actively seeking to represent.				
Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any 7.b. Amount. City	Name				
7.b. Amount. Street City	Trade Name, if any:				
Street City	P.O. Box, Bldg., Room No., if any				
City		7.b. Amount,			
	Street				
	City	• •			
State ZIP Codε + 4	State 7IP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information

		true, correct, and complete. (See			mined by the signatory and is, to the best of the ctions.)	В
Signed	Terrance	X. Figur	On	3/2 <i>7/04</i> Date	<u>630-724-0914</u> Telephone Number	

Name of Person Filing	Terrance Pero	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with.			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest heid or income received.			
State ZIP Ccde + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Hoey & Farina, P.C.	\$73 Meal \$61 Meal \$120 Meal			
Trade Name, if any:	, , , , , , , , , , , , , , , , , , , ,			
read reality, it drift.				

14.b. Amount of payment.

City

P.O. Box, Bldg., Room No., if any Suite 200

ZIP Ccde + 4 60605

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or Consultant

Street 542 S. Dearborn

13.b. Is the Business an Employer 🗶

Chicago

State Illinois

\$254